



## BNSSG Integrated Care Partnership (ICP) Board meeting Agenda

**Date:** 10<sup>th</sup> November 2022

**Time:** 14.00-16.30

**Venue:** Bradley Stoke Leisure Centre, Fiddlers Wood Ln, Bradley Stoke, Bristol BS32 9BS –

**Please use the following link to a webpage for the venue which shows a location plan**

<https://activecentres.org/centres/bradley-stoke/>

**Chair:** Cllr Mike Bell

No.	Agenda Item	Purpose	Start time	Duration	Lead
1	Apologies, Minutes of the informal meeting held on Thursday 15 <sup>th</sup> September 2022 – attached for information		14.00	5 min	Chair
2	Welcome and Introductions	Chair to Welcome attendees. Followed by round the room introduction.	14.05	10 min	Chair
3	Public Statements - (Deadline 12pm the working day before) and Questions (Deadline 5 working days before) – The answers to any questions received will be read out by the Chair at the meeting. Copies of the questions (and answers) + statements received will be included with the minutes of this meeting on the ICPB website once they have been prepared.		14.15	5m	Chair
4	Health and Wellbeing Board Updates (Verbal Reports)	Item to update ICP on the work of the BNSSG Health and Wellbeing Boards	14.20	15m	Cllr Mike Bell, Cllr Helen Holland and Cllr Ben Stokes
5	ICB Update (Verbal Report)	Item to update ICP on the work of the ICB	14.35	15m	Jeff Farrar, Chair - Integrated Care System for Bristol North Somerset & South Gloucestershire

6	Progress on the Formation of the VCSE Alliance (Verbal Report)	Item to Advise on the Formation of the VCSE Alliance	14.50	5m	Chris Head, WERN (West of England Rural Network)
7	December 2022 Extraordinary General Meeting	Item to agree purpose of EGM on 16 <sup>th</sup> December 2022	14.55	10m	Ellie Wetz, ICS Development Programme Manage
BREAK			15.05	10 min	
8	Integrated Care Strategy Development <b>REPORT TO FOLLOW</b>	Item to discuss the development of the Integrated Care Strategy.	15.15	70 min	Colin Bradbury Director of Strategy, Partnerships and Population (NHS), Seb Habibi, Programme Director, Matt Lenny, Director of Public Health, North Somerset
9	Next agenda and AOB		16.30	5 min	Chair

**Date of next meeting:** 16 December

**Time:** 14.00-16.30

**Venue:** TBC

## AGENDA ITEM 1

### BNSSG Integrated Care Partnership (ICP) Board Meeting

Minutes Thursday 15<sup>th</sup> September 2022, 2pm

#### Attendance List:

Partnership Board Leadership Group – Councillor Mike Bell (Chair) – North Somerset Council, Councillor Asher Craig – Bristol City Council, Councillor Ben Stokes – South Gloucestershire Council, Jeff Farrar – BNSSG ICB, Chair, Shane Devlin (CEO BNSSG ICB), Colin Bradbury (ICB Director of Strategy)

Community and VCSE Voices – Chris Head (WERN), Fiona Cope (NFP Advice Sector/ACFA) substitute for Paul Lucock (VANS), Mark Hubbard (VOSCUR), Steve Curry (VCS), Alun Davis, Kay Libby (Age UK Bristol)

Constituent Health and Care Organisations – Stephen Beet substitute for Hugh Evans (Bristol City Council), Matt Lenny (North Somerset Council), Charlotte Hitchings (AWP), Amanda Cheesley (SIRONA Care and Health), Ruth Taylor (Primary Care Services), Jonathan Hayes (Primary Care Services), Tim Gregory (NBT), Erica Williams (SGC), Sarah Weld (SGC), Dominic Ellison (WECIL)

Locality Partnerships - Ros Cox (Weston, Worle and Villages), Nikki Carr (Bristol Inner City and East), Sharron Norman (Bristol North and West), Steve Rea (Bristol South), Ruth Thomas (South Gloucestershire), Kirsty Alexander (North and West Locality)

Population Needs Representative - Georgie Bigg (Healthwatch)

Other Attendees – Sarah Truelove (substitute for Sarah Devlin – BNSSG ICB), Sarah Weston (ICS Development Project Manager), Sebastian Habibi (ICS Programme Director), Nicola Knowles (Policy and Public Affairs Manager, Bristol City Council), Menna Davies – Deputy Head of Communications Public Affairs (Attending Remotely) and Louise deCordova (Democratic Services Manager, Bristol City Council)

Presenting Officers – Gemma Self (System Transformation Lead – Population Health and Health Inequalities, BNSSG ICB), Cintia Faria, Ben Stevens (BNSSG ICB) and Michelle Smith (Deputy Director of Communications, Insight and Digital Development, BNSSG ICB)- remotely, Ellie Wetz (ICS Development Programme Manager)

Apologies for Absence: Apologies received from: Sado Jirde - Black Network South West, Jayne Mee - University Hospitals Bristol, Mark Coates - Creative Youth Network, Gail Bragg, South West Ambulance Trust, Alison Findlay - Southern Brooks Community Partnership



### Agenda Item 1 – Apologies for Absence, Minutes and Actions from Previous Meeting

The above apologies for the meeting were noted.

The minutes and actions of the last meeting were noted.

### Agenda Item 2 – Welcome and Introductions

Councillor Mike Bell welcomed all parties to the meeting and asked everyone to introduce themselves.

### Agenda Item 3 – Public Statements and Questions

There were no public statements or questions or live streaming. The meeting had convened in private due to the national period of mourning.

### Agenda Item 4 – Integrated Care Board Updates

Jeff Farrar and Shane Devlin provided a verbal update on the decisions and discussions at the Integrated Care Board:

Jeff Farrar made the following points:

- ICS was about creating an agenda that makes a difference and adds value.
- There were 4 Aims of ICS.
- Prevention - getting up stream, while getting on with the here and now. Not either or but both.
- There was a need to make sense of national priorities.
- What comes out of the ICP will direct the business of the (statutory) ICB.
- All director's were in post bar CPO and there was a reorganised approach in the new structure of the ICB.
- There had been fantastic engagement from Partner Chief executives.
- ICB has met 3 times : Shadow, 1st July (transactional), September - needs to feel different - needs to spark debate, not just receive information.

Shane Devlin made the following points:

- Colin Bradbury will lead the translation of the strategy that ICP develops.
- There was a need to look ahead, but need to keep people safe in the short term (will be a challenging winter).
- There was a requirement to build a System Winter Plan. A successful plan is one which keeps people at home.
- Some additional investment had been secured and would need to work in partnership to deliver this through a joint winter coordination function. The Draft Winter Plan should be available in a few weeks and would be brought back to the ICP November meeting.

Board Members made the following points:

- Concern was raised that there may be a lack of voluntary sector participation in planning the winter response, they were critical partners.
- It was acknowledged that the Voluntary sector would be integral to delivery of solutions to community pressures during winter.
- There was a plea to shift the culture and include them in early discussions
- During covid partners had shed ineffective ways of working and worked together to deliver one plan, one strategy at pace. It was proven that partners could respond when required and there was a risk of reverting back to type.
- It was noted that during covid all other governance structures and requirements had been suspended. There was now additional requirement to focus on localities as well as NHS targets.
- The ICB will need ongoing conversations with the VCSE, people with lived experience, citizens voice and patients voice to ensure ongoing engagement in this process.
- It will be important to make use of relationships and communications channels that are already working and aim to duplicate effective structures.
- The Voluntary sector has the flexibility to step in or expand provision with local knowledge and is able to facilitate the voice of children and young people with lived experience from early years children through to secondary years supported by local voluntary groups, charities and ACE ambassadors, which involves young carers looking at preventative measures and early investment
- The not-for-profit sector is already in crisis and working with Local Authorities to keep people fed and warm. Working collaboratively through Covid achieved fantastic results and we will need to understand how to feed this work into the winter plan.
- There are significant pressures on NHS systems with 80k people on waiting lists and political pressure centrally
- Whilst the current winter plan must be delivered at pace, it was recognised that the future safety of the population relies on a whole partnership, genuine system approach rather than the short-term look required this year.
- A joint response was needed to the cost-of-living crisis with a task force in each area. It was not always clear that health colleagues were able to see this as their priority and this had an impact on budgets and communities
- Challenges for health colleagues have become much worse, dealing with covid and now backlogs. Southmead was carrying 10% of workforce vacancies and it was expected that this winter could be the worse challenge ever seen. There was deep concern about how this would be managed, and it would require the partnership as a team to resolve. It was an enormous problem from a patient perspective, those waiting for cancer diagnostics, emergency care overwhelmed by high numbers. These issues have to be the centre of focus for the next 12-18 months before moving on to the next stage.
- It was important to have the opportunity to hear what's happening at local level and get to a position to challenge and share.

#### Agenda Item 5 – Terms of Reference Ratification

Ellie Wetz, ICS Development Programme Manager asked Board Members to review the revised Terms of Reference and made the following points:

- Members should review the track changed documents and respond with any comments or questions.
- The clean version included the confidentiality clause and colleagues had been assured that it met the partnerships need.
- The permanent membership needed finalising.
- Members were asked to provide feedback and comments to Ellie Wetz. A final version would be brought back to the next meeting for approval.

**Action: Members to provide feedback and comments to Ellie Wetz regarding the Terms of Reference.**

#### Agenda Item 6 – Big Conversation

Michelle Smith, Deputy Director of Communications, Insight and Digital Development updated Board Members on the progress of 'Big Conversation' and made the following points:

- The project was understanding how to engage successfully with hard-to-reach groups and were engaging a real breadth and diversity of people by building on the networks of system partners; working hard to reach out to a truly representative group, not waiting for people to come to us
- Partners will have even better access routes to diverse networks, as with the example of the vaccination programme
- There is geographically good representation across all areas
- Over 35 community events have been held through partnership mechanisms. Small community focused events engaging demographics not usually reached, such as mother and baby groups and non-traditional health settings, job and employment fayres, community meetings, disability groups and deaf and hard of hearing groups which had joined the trusted spaces of existing groups.
- There is a great deal of learning and analysis to build on for the future and they were working closely with community development colleagues.
- The survey had been extended and another 25 engagement opportunities scheduled through September with user led groups
- Additional work with partners was planned and included a request for a session in October
- Engagement exercises have EQIAS underpinning the work and have identified additional groups including running 'Imagine If' sessions online. Understanding what a good future looks like for minority ethnic groups and older people.
- Emerging themes from survey interim analysis prioritised relationships and social interactions, social connection was important, as well as healthy eating and access to nature and outdoors, worklife balance, healthy mindset, and access to GP services
- What gets in the way of being happy safe and well included work life balance plus cost of living
- Detailed analysis to follow once the survey closed in 10 days. Work alongside the Strategy Development Team would commence in October. The content would be grounded in people's experiences through the engagement process, and then brought to life to show how the engagement had influenced the process.

**Action: Members to send any questions or comments direct to Michelle Smith**

Board Members made the following points:

- It was important to take a look at who was responding to the survey and ensure that it wasn't just the more upwardly mobile, doing any extra work required to hear from voices in deprived areas

#### Agenda Item 7 – Integrated Care Strategy development and ICS Governance

Seb Habibi, Programme Director, Ben Stevens, (BNSSG ICB) and Gemma Self, System Transformation Lead – Population Health & Health Inequalities provided an update on the development of the Integrated Care Strategy and made the following points:

- According to the national statutory guidance, the partnership strategy must set out how it will respond to population need and the team were gathering inputs that evidenced the case for change.
- There was a focus on need as a centre piece of the challenge as well as the supply side
- High need was clustered, with poorest outcomes experienced by over seventies and equalities groups
- Meeting needs and prevention needed to be differentiated
- There had been significant investment during covid, now modest growth was expected going forward

The Partnership were asked to consider the following questions in respect of the proposed principles:

1. How credible were they?
2. Did they reflect what was expected?
3. What else would the Partnership like to know?

Board Members made the following points:

- Prevention was vital however inherited conditions could not be prevented. There was a risk that people with these conditions could see this as a message that they don't matter. It had to be framed for people that can't prevent their condition. There may be a risk that the most vocal speak up and voice their views with the risk of marginalising 40% of the population if 60% agree.
- There are tools which measure the cost effectiveness of interventions, and these could be used to identify priorities and timeframes from the data to see what gives best bang for the buck.
- A great deal of weight was being put into the Big Conversation, but the wider sector should not be underestimated. They were used to trying to resolve issues and partner with others to see what works and could help us to understand what these principles would mean in practice
- Some of the biggest risk factors were dietary and malnutrition. The government were not focussing on obesity. How do we ensure there are policies in place across the region to do things that keep them people well. It was important to get messages in tune to support people to make the right decisions through behavioural change
- Local Authorities can step in with partners, working to change planning policies to reduce accessibility to fast food

- There are many factors to influence, the wider community, place making, housing, education. Can the care system join the dots to have these conversations?
- We need shared analysis of root causes of the big issues and benchmarking, eg ambulance handover delays, do we as a system agree what is driving these. To understand what's expected for our population in terms of incidents and prevalence.
- Whatever we decide to prioritise, the opportunity costs need to be clear supported by a rationale and a shared agreement of root causes
- 10,000 of the population are responsible for 99% of emergency bed days. This is an obvious priority, with the majority cause being falls. A pressure for discharge and social care providers.
- There is high admission for a range of other factors other than age. How do we get underneath and provide preventions for smoking, drugs, alcohol, self-medicating, usually brought about by trauma and social issues. A huge sticking plaster will be easy wins in getting people home from hospital and dealing with social welfare issues.
- It's all interconnected horizontal not linear it's not clear if the approach is the right way forward and what this really means in terms of priorities
- By addressing inequalities and inequities there is the ability to consciously close the gap and create a more inclusive society and get a population effect as a collective, understanding what we can do differently but focussing on inequality and inequity.
- A financial check in is required understanding what the opportunity costs will be eg if we don't deal with obesity now, we need to understand the current and future costs
- We need to be happy and confident with the principles and be able to defend the approach and be clear where the principles have come from. Are these principles the partnership are happy to defend? Are we saying net zero has to apply?
- How much of what we are doing was cocreated prior to ICS? How much is a departure from where we are now? what's the weighting given to Local Authorities? It would be good to make sure that we give people the opportunity to deep dive and be involved in developing the strategy
- The strategic needs assessment with ICB population infrastructure provides a richness of intelligence sources but is difficult to benchmark. Much of the work comes from existing strategies and there is significant work behind these principles and we are able to evidence where each has come from providing a golden thread all the way through to where opportunities really are and through an inequalities lens
- In identifying priorities, we need the opportunity to deep dive to match what's going on in localities
- We must develop a strategy that can be delivered, we don't have capacity to deliver everything. The strategy should enable the partners to free up capacity by reducing duplication and waste and focus on productivity
- In areas of deprivation the gap has widened. Families who were just about managing are no longer managing. In addressing inequalities, the voluntary sector can do themed work. The priorities might be the same ones but in a different order in localities. SARI can help but the voluntary sector is key to this
- It was important to understand local vs strategic, what delivery of the strategy means for delivery in South Bristol or South Gloucestershire. The strategy must be so flexible as to be delivered locally.



- We need to have conversations earlier. There is a strong desire for transformation and co-production with VCSES and broader representation of communities but not clear this is on the long list
- Hold firm to the approach. Primary care and general practice will need to maintain resilience to support this
- There needs to be a system wide approach. There is a risk that everyone still continues in their silos. The principles are tests at system level and partners will need to demonstrate how they are applying them in their organisations, locality and place. Recognising that there are system objectives and then the partnership must challenge the component parts
- This is very health and conditions focused. With a one system approach we should work with Local Authorities colleagues to recalibrate some of this to account for some of the social connections results which featured quite highly in the survey.
- It was confirmed that the team were working in all 6 localities to create bottom up influencing and would need to explain the thinking at partnership day onwards
- It would be important to explain what is meant by prevention eg the prevention of complications and additional harm by responding now

Ben Stevens introduced the system strategic priorities longlist which had been informed by the Big Conversation, national guidance, local requests, locality priorities, strategic needs assessment and existing strategies and made following points:

- Detail has been provided on 15 priorities. There was a real opportunity to for partners to express how they would like to focus on these as a board and on partnership day eg a focus on young people, mental health or a broader approach such as key population groups
- Work was needed to articulate what the scope might be which would need to be evidence based for long term benefits using sprint teams and enabling groups
- Partnership day wider would enable a diversity of thought and people to create a shared understanding of priorities
- Members were required to input into how the day should be run, share ideas and sit on organising groups

Board Members made the following points:

- 15 priorities would be too many, 9 may be a better number 3 for each area.
- Priorities would likely narrow down to 4 or 5 over a 20-year strategy with actions refreshed over time
- What are the planned outcomes and opportunities for translating the plan? There should be policy, strategic action, and opportunities for collective action. How do we ensure that equalities and the lens of prevention are considered in every decision
- The strategy provides a framework. There may be different priorities in different areas. The resources challenge is difficult locally and requires a detailed plan of action that has to be resourced
- This will be a high-level document which sets out the direction of travel, so all partners can choose their own way of getting there. There is no time to create detailed action plans for the partnership.

- It is important to understand how decisions are made about priorities i.e. what is the process, what is the criteria and how is the biggest impact measured.
- Ben set out the next steps outlining the role of sprint teams before partnership day and the role of subject matter experts to determine what outcomes might look like and support the evidence base for partnership day
- Alun volunteered to sit on a group
- It was important that partners were not presented with a take it or leave it list. All partners must have the opportunity to contribute to the shortlist.
- It was confirmed that there would be shadow sprint groups that would consider the priorities under broad themes groups eg prevention
- It would be important to understand the implications and consequences of the selected priorities and what the consequences might mean for the items that were not shortlisted. I.e. would there be things that the partnership stopped doing?
- It was acknowledged that there were opportunities to work differently and collectively elevate and fund shortlisted priorities to enable greater traction, but there were also statutory requirements that a number of partners must continue to provide.
- Partnership day will identify those priorities where working together creates the biggest gains and the partnership then puts its full strength behind them
- It was confirmed that priorities identified by the partnership would guide how the statutory budget would be spent within the funding envelope of the ICB which as a funder must fund the right things
- The example of the Bristol One City Plan was shared. Partners selected three priorities per year to tackle City wide issues.
- It was critical that partners got the shortlist right as it would drive resourcing decisions, this would need to be communicated in clear, accessible language that some services may not carry on.
- It would also be important when choosing the things to measure and ensure that the approach to equalities and protected characteristics were fully considered. Where there were potential gaps in funding it would be important to consider where other funding might be available, ICB was just one funding pot.
- Creativity would be important to ensure people were not left behind. It was an opportunity to reflect and learn to grow. All plans needed to be fully supported by a financial plan

**Action: All partners were encouraged to get involved in sprint teams, contribute ideas and sense check the priority longlist**

#### Agenda Item 8 – ICPs and adult social care (ASC) providers collaboration

Stephen Beet, Directors Adult Social Care, Bristol City Council introduced this item to discuss the implications of the statement of expected ways of working between ICPs and adult social care (ASC) providers and made the following points:

- Adult social care voice of providers published guidance in July about how the partnership should work together.

- Informal and unpaid carers should be considered as well as Personal Assistants employed through direct payments
- Care and support west were a useful and important locality partnership and had a market shaping role
- Once the outcomes from the current engagement survey were understood, it would important to follow with engagement with commissioners and providers and provider forums which are already in place so this could be thought through at BNSSG level
- The key was to have the right mix of voices around the table and was integral to success

**Action: A ICPs and adult social care (ASC) providers collaboration update paper to be brought to the November meeting.**

Board Members made the following points:

- There was concern about how much the guidance really moved things forward or offered anything different.
- It created the opportunity for the ICS to have meaningful input and valuable role
- Carers were a broad spectrum, integral to hospital at home and the winter plan, the question was raised about how all the voices could be heard.
- It was guaranteed that the partnership would not always get it right, but the partnership was innovative and ahead of the game of many ICPs across the country
- There was a journey required to ensure they that carers feel part of system and communication needed to remind people how it should work
- The work that carers did during covid shouldn't be ignored and is an important example, meeting monthly and providing regular updates. They have built a tight, inclusive support unit and it would be useful to bring them in whilst the infrastructure exists and include them in partnership day.

**Action: Cllr Asher Craig to provide contact details for the Carers Network**

Agenda Item 9 – Next Agenda and AOB

The Chair asked that colleagues be invited to get involved ahead of partnership day.

Date of Next Meeting

The next meeting is scheduled for 2pm to 4.30pm Thursday 10<sup>th</sup> November 2022 at a venue to be confirmed.

The meeting ended at 4.50pm

CHAIR



## Integrated Care Partnership Board

<b>Agenda Item</b>	7	<b>Meeting Date</b>	10 <sup>th</sup> November 2022
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<b>Title</b>	<b>December Extra-Ordinary General Meeting</b>		
<b>Scope: System-wide or Programme?</b>	Whole system	<b>x</b>	Programme area (Please specify)
<b>Author &amp; role</b>	Ellie Wetz, ICS Development Programme Manager, BNSSG ICB		
<b>Sponsor / Director</b>	Seb Habibi, Programme Director, BNSSG ICB		
<b>Presenter</b>	Ellie Wetz, ICS Development Programme Manager, BNSSG ICB		
<b>Action required:</b>	Decision		
<b>Discussion/ decisions at previous committees</b>	<p><i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i></p> <p>This purpose statement has been reviewed by the ICP founding members Governance Leads.</p>		

### **Purpose:**

The statement articulates the purpose of the BNSSG ICP Extra-ordinary General Meeting being called on 16<sup>th</sup> December 2022.

### **Summary of relevant background:**

Under the Health and Care Act 2022, the integrated care partnership must give a copy of the integrated care strategy to each responsible local authority and the integrated care board and must publish an initial integrated care strategy by 31 December 2022.

### **Discussion / decisions required and recommendations:**

BNSSG ICP members are asked to review the purpose statement and agree the principles set out.

## **Bristol, North Somerset, South Gloucestershire (BNSSG) Integrated Care Partnership (ICP)**

**Extra-ordinary General Meeting (EGM): 16 December 2022, 10:00 – 12:00**

### **Purpose Statement:**

The ICP Leadership Team (the founding members) are convening the EGM on the 16 December 2022 for the specific purpose to review the draft BNSSG Integrated Care Strategy and approve it for publication by 31 December 2022<sup>1</sup>. The content of the BNSSG Integrated Care Strategy can continue to be refined beyond this publication date, particularly during the development of the BNSSG Integrated Care Board (ICB) Joint Forward Plan. It will therefore be published as the Interim BNSSG Integrated Care Strategy.

At this EGM, the ICP will seek assurance that:

- Due regard has been given to all NHS England guidance in the drafting of the Integrated Care Strategy.
- A Joint Strategic Needs Assessment has been appropriately conducted. The outputs of this process have informed the content of the Integrated Care Strategy.
- A public engagement exercise has been appropriately conducted. The outputs of this process have informed the content of the Integrated Care Strategy.
- All BNSSG Health and Care partners, including Voluntary, Community and Social Enterprise organisations, people with lived experience of health and care services plus Adult Social Care providers, have had the opportunity to participate in the development of the Integrated Care Strategy.

It is noted that the Interim BNSSG Integrated Care Strategy is an iterative document that will be reviewed and updated at least annually to reflect the changing population health and wellbeing needs of BNSSG patients and citizens.

ICP Members are requested to attend this meeting with the delegated authority to approve the Interim Integrated Care Strategy on behalf of the organisation, locality or citizens they represent.

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<sup>1</sup> Requirement of NHS England and Improvement